ESTABLISHING A SATELLITE OUTPATIENT CLINIC TO SERVE VETERANS IN WESTERN ILLINOIS AND EASTERN IOWA

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

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CONTENTS

April 22, 1988

Page

Establishing a Satellite Outpatient Clinic to Serve Veterans in Western Illinois and Eastern Iowa 1

OPENING STATEMENTS

Chairman Evans 1
Prepared statement of Mr. Evans 23

WITNESSES

Allen, Bill, public relations chairman, Illinois State Council of Vietnam Veterans of America, and first vice president, QUAD city chapter 299 5
Prepared statement of Mr. Allen 31
Gregg, James S., deputy director, strategic planning for DM&S, VA Central Office, Washington, D.C.; accompanied by Alan T. Maurer, special programs officer, Office of Facilities, VA Central Office; Gary L. Wilkinson, director, Iowa City VA Medical Center 15
Prepared statement of Mr. Gregg 37
Kerckhove, Maurice, department jr. vice commander, Department of Illinois, Veterans of Foreign Wars of the United States 7
Prepared statement of Mr. Kerckhove 33
Langston, Eugene, veteran, East Moline, IL 12
Prepared statement of Mr. Langston 35
Nyquist, Bill, veteran, Rock Island, IL 12
Prepared statement of Mr. Nyquist 36
Sperry, Eddie Joe, chairman, Illinois 17th Congressional District, Veterans Advisory Council, and past AMVETS State commander 4
Prepared statement of Mr. Sperry 29

MATERIAL SUBMITTED FOR THE RECORD

Statements:
Hon. Jim Leach, a Representative in Congress from the State of Iowa 4
Disabled American Veterans 41
Department of Veterans' Affairs 43
Rock Island County Veterans Assistance Commission 45

ESTABLISHING A SATELLITE OUTPATIENT CLINIC TO SERVE VETERANS IN WESTERN ILLINOIS AND EASTERN IOWA

FRIDAY, APRIL 22, 1988

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS AFFAIRS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in the UAW Building, 630 19th Street, East Moline, Illinois, the Honorable Lane Evans, presiding.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. EVANS. Ladies and gentlemen, if you will please be seated, if we have enough chairs. We are trying to accommodate this overflow crowd. As chairman of this subcommittee, I want to welcome each and every one of you to the hearing today. I am pleased with this large turnout. I talked to many people who are taking the day off from work to attend this hearing, and I think this really shows just how interested people are in this subject. If you are working today and you have come to this morning hearing bright and early, I think this is also a good indication of your interest.

I want to recognize—and will recognize in a minute some of the local officials who are here and the members of our Veterans Advisory Committee. I appreciate everyone's involvement and interest.

Although this hearing was called to assist my work and the work of my subcommittee in Congress, it is also designed to give people here greater information about how the Veterans' Administration is fulfilling its mandate to serve veterans of our country. Many of the veterans in our area need and want a health clinic closer to their homes and have a great interest in this hearing. Let me also admit that I have a strong personal interest in this hearing.

Of all the benefits afforded to our nation's veterans, it is my opinion that health care is the most important. Those individuals who fought for and defended our country deserve to be treated not only with respect, but to receive all necessary care for the wounds and injuries they have suffered. Because of this importance, I believe it is the responsibility of all of us to insure that the Veterans' Administration is continually adjusting its programs to reach all veterans who need assistance and care.

For many veterans of this area, medical care is really out of their reach. The distance which veterans must travel to the Iowa City Medical Center creates great barriers to gain the benefits they

have earned. Many veterans must miss work because of the distance they have to travel. A number of others are not able to travel, and simply forego necessary treatment.

In 1984 a Medical Advisory Panel report found that only five percent of this area's veterans utilize the VA health care system because of the distances to existing facilities.

Now, the issue is not one of quality of care. The Iowa City VA Hospital, and the people who work there, really are pretty top notch. The question is how can we make that care available to all veterans no matter what their circumstances.

The Veterans' Administration has recognized this problem and has established several satellite outpatient clinics to serve underserved areas where community medical resources can provide backup support.

At my urging, the VA in 1984 recommended the establishment of a satellite clinic in the Quad Cities to make needed medical care available to residents living in western Illinois and eastern Iowa. Although I was pleased to see the VA recognize that need, I wanted to find out how quickly it is moving to meet that need, and what further steps must be taken to establish a clinic. How concerned the VA is about delivering care and assistance is an important question for those in this area, and many areas around the country.

I believe that the expansion of outpatient clinic programs to meet the needs of residents in my district, and other communities, is an essential task of the VA. By developing community-based facilities, the VA can insure that it will truly carry out its mission to serve veterans. I think we are all aware of the contributions of the Vet Center Program in Moline in allowing veterans to gain the type of treatment and help most appropriate to their needs. An outpatient clinic can expand upon and support these efforts.

Economic benefits that would flow from the clinic should not be overlooked. It provides new good paying jobs for this area and the community medical facilities also benefit from the support and backup that are related to the clinic.

An outpatient clinic can also assist in economic development activities of the community and serve as a signal that will attract jobs and businesses.

These positive aspects are just additional arguments in favor of a clinic for our area's veterans. How to establish a clinic, and where it should be located, are important questions that we will address today, and another reason why we called this hearing. I believe we can all agree that there is no argument about our clinic's purpose or contributions.

For many veterans the battle begins actually after discharge. The fight for benefits for medical care, for respect, these are battles that must be won before we recognize the sacrifices made by our veterans. I hope this hearing is the beginning of the establishment of a clinic that recognizes, and serves, the veterans of our communities.

I am optimistic that with the continued support of the veterans community here, we will soon have a clinic that will be a source of pride and progress for our area.

To examine the issues surrounding the need for a clinic, and the steps necessary in establishing one, we will have the benefit of three panels of witnesses today. The first will be representatives of veterans' service organizations who will express the views of their members.

Next, we will hear from veterans who will provide first- hand evidence of the problems they encounter in traveling to VA facilities, and the related disruptions of their lives.

Finally, representatives of the VA itself will address the current timetable for establishing a clinic, the steps that will be needed to be taken, and the funding priorities for a Quad City clinic.

Once again, let me thank you for being here. Your involvement and interest are real keys to making the Quad City clinic a reality.

[The prepared statement of Mr. Evans appears on p. 23.]

Mr. EVANS. Now, before we call the first panel, I would like to recognize a number of people attending our hearing who are distinguishing themselves as outstanding advocates of veterans. Please stand up when I call your name.

Soon to join us, if they are not here already, are Gen. John Johnston, Director of the Illinois Department of Veterans Affairs. I understand he is not here yet, as is our State Senator, Denny Jacobs, who will also be here shortly.

The mayor of East Moline, Chuck Ebendorfer, is here. Mayor, if you could stand up, we appreciate you being here to join us this morning. [Applause].

Of course, my State Representative, Joe Brunswald, is here with us this morning. [Applause].

The labor representative, Linda, I have forgotten her last name, from Todd Stevens' office. Todd is from the Geneseo area. Please stand up. I am sorry, I have forgotten your last name. [Applause].

John Aubry is here as a veteran himself, and as a member of my Veterans Advisory Committee. [Applause].

John also works with, and represents, Comptroller Willard Burris' office.

We are also pleased to have the mayor of Galva, Dick Hedley join us. If you will please stand up. [Applause].

Galva is in Henry County, as most people know. It is the only community, I think, in my district that continues each and every year to celebrate Memorial Day on the actual Memorial Day. So, mayor, we are very pleased to have you as an advocate of veterans that are here today.

I am pleased that from my own town, Alderman Jim Kerr, a Vietnam veteran himself, a member of my Veterans Advisory Council, and an alderman, is here with us this morning. [Applause].

I also would like to recognize my mayor as well, Bob Gillette. Mayor, if you would stand up, we appreciate you coming. [Applause].

I would like all the members of my Veterans Advisory Council to please stand and be recognized. [Applause].

A good friend of mine, Gus Angelos, is here representing Jerry Cosentino's office. Gus, do you want to stand up? [Applause].

Congressman Jim Leach, of course, is well known to everyone. Jim represents the Iowa portion of the Quad Cities. He is not able

to be here today, but he has submitted a statement for the record, which I would like to read at this particular time.

STATEMENT OF HON. JIM LEACH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA

Dear Lane. I am writing to express my appreciation and support for your efforts to establish a satellite outpatient clinic in the Quad Cities to provide health care for our area veterans. The initiative you and your subcommittee have taken on this issue is to be commended. As you know, some 97,000 veterans currently reside in the fifteen counties that would be served by the proposed satellite outpatient clinic. These individuals must now travel an average of 83 miles for the treatment at the VA facility in Iowa City, compared to what would be an average trip of approximately 50 miles if a satellite outpatient clinic is set up in the Quad City area. This reduction, and the attendant reduction in the expenditure of time, energy, and money, needed to take advantage of the VA's medical resources, would surely result in more veterans receiving the better care they deserve.

Further, records indicate that some 30 percent of the veterans seeking outpatient treatment at the Iowa City facility did so because of service-connected health needs. Historically veterans with service-connected disabilities have been at lower income levels, more likely to be unemployed, and in need of more health care services. The need for more readily available health care on the part of these veterans will only grow, as will the need among the wider population of veterans as the average age of that population increases. I am sure your subcommittee will look at the possibility of using presently underutilized Quad City hospitals as a site for the SOC. Meeting the health care needs of the veterans with the resources already present in our area makes sense for the veteran at the same time it allocates federal resources closer to home. Again, thank you for your efforts on behalf of America's veterans. They have earned our gratitude, and deserve the best of health care. I am happy to have worked with you to insure that they get it.

Mr. EVANS. We want to thank Congressman Leach for submitting that statement.

Senator Paul Simon and Senator Alan Dixon, are also unable to be present today. I will tell you that they support this clinic wholeheartedly.

Mr. EVANS. I would like to introduce at this time the first panel. Our first witnesses are Eddie Joe Sperry, the chairman of my Veterans Advisory Council; Bill Allen; and Maury Kerckhove.

Eddie Joe is the chairman, as I said, of the 17th District, Veterans Advisory Council, and past AMVETS State Commander.

Bill is public relations director of the Illinois State Council, Vietnam Veterans of America.

Maury is Junior Vice Commander, Department of Illinois, Veterans of Foreign Wars.

I want to thank you all. Without objection, the prepared statement each of you have submitted will be made part of the record of this hearing and you may read or summarize the prepared statement you submitted. Please take as much time as you need. We will withhold any questions until you are finished with your testimony as a panel.

Eddie, if you want to start.

STATEMENT OF EDDIE JOE SPERRY, CHAIRMAN, ILLINOIS 17TH CONGRESSIONAL DISTRICT, VETERANS ADVISORY COUNCIL, AND PAST AMVETS STATE COMMANDER

Mr. SPERRY. Good morning. My name is Eddie Joe Sperry. I serve as chairman of Congressman Lane Evans' Veterans Advisory Council. I am also past AMVETS State Commander, Department of Illinois. I appreciate the invitation to testify this morning.

I strongly support establishing a Veterans' Administration satellite outpatient clinic in the Quad Cities to serve area veterans.

An outpatient clinic in the Quad Cities is needed to provide our veterans with better access to outpatient health care. Veterans in the Quad City area face many obstacles in obtaining outpatient care from the Iowa City Medical Center. First these veterans must travel many miles and many hours to Iowa City. Veterans who are fortunate enough to be employed are being forced to choose between giving up a day's pay, or giving up health care they need.

Congressman Evans, our veterans should not be forced to make that kind of choice. In winter weather conditions make travel very hazardous, and all but impossible between the Quad Cities and Iowa City.

In addition, transportation for veterans to Iowa City is not always available.

And finally, as you know, the lack of beneficiary travel is also a serious problem.

When a Quad Cities area veteran does make it to Iowa City, long waits for ambulatory care are not uncommon, and parking is a well-known problem. These conditions can be alleviated by establishing a satellite outpatient clinic in the Quad Cities.

Because of the obstacles I have just identified, a Quad Cities area veteran could be easily discouraged from obtaining outpatient care at Iowa City Medical Center. As we all know, serious illness can be prevented with timely outpatient care. When outpatient care is not obtained, serious illness requiring more costly inpatient hospital care can result. Clearly, outpatient care can be cost-effective, and provide an alternative to more costly inpatient care. A satellite outpatient clinic in the Quad Cities also makes good economic sense.

Our veteran population in the Quad City area is aging. Physically and financially our aging veterans will be more—will have more difficulty obtaining needed outpatient care from the Iowa City Medical Center. Travel to Iowa City for our aging veterans will become increasingly more difficult because of physical infirmities. Our aging veterans have also passed their peak earning years, and are living on fixed incomes. When these veterans need it most, they will be the least likely to obtain outpatient care at Iowa City.

Congressman Evans, that concludes my prepared statement. Thank you again for the invitation to testify today, and for holding this important hearing on outpatient care. Your leadership on behalf of all veterans is sincerely appreciated, and I will be happy to answer any questions you may have for me.

[The prepared statement of Mr. Sperry appears on p. 29.]

Mr. EVANS. Bill?

STATEMENT OF BILL ALLEN, PUBLIC RELATIONS CHAIRMAN, ILLINOIS STATE COUNCIL OF VIETNAM VETERANS OF AMERICA, AND FIRST VICE PRESIDENT, QUAD CITY CHAPTER 299

Mr. ALLEN. Thank you. My name is Bill Allen. I am public relations chairman for the Illinois State Council of Vietnam Veterans of America, past president of the Quad City Chapter 299. I am currently first vice president of Quad City Chapter 299. I am the chair-

man of the Veterans Advisory Committee for Local 1304, UAW Case IH. I am also a member of this Veterans Advisory Committee for yourself, sir.

I would like to start by saying that the Vietnam veterans, and all veterans, want to thank you for taking the interest in veterans affairs that you have in this district, and as far as a prepared statement goes, you got it, and Jenny has got it, I do not have it. I submitted it so you would know what I was going to say, and I did not keep a copy for myself, so let us just hope that I remember what I was going to say.

I know what the problems are pretty much for Vietnam veterans, and I will address the problems of Vietnam veterans primarily. Now I know what I am going to say. I will read it so it sounds as good as theirs.

Thank you for the personal invitation to attend your Congressional field inquiry, April 22nd. I will be happy to attend and participate in any way possible.

Lane, as you are aware, my affiliations with veterans are primarily with Vietnam veterans, but as chairman of the Veterans Committee, UAW 1304, and a member of the Veterans of Foreign Wars, I feel that I have had the chance to hear the wants and needs of veterans of all wars.

One thing the veterans of all ages desire is medical care from competent people, and the ability to receive that care with the greatest ease and convenience. Veterans of the Vietnam war have experienced many employment problems in our ara in the last eight to ten years, with the closings or relocations of many of the large manufacturing plants, Catepillar, Farmall, and American Air Filter, the case plants of Rock Island, Bedendorf, and a host of others, both large and small.

Many of the excellent health care plans that our veterans were using as employees are no longer in effect, and many veterans are without the insurance, or any insurance at all, except for the Veterans' Administration Medical Center benefits in Iowa City. People that were earning $14 to $22 an hour two or three years ago are making minimum wages, if they are lucky enough to find work at all. Needless to say, these fine insurance programs are no longer within their reach, and they rely on the Federal Government to help them out.

Most of these veterans are very unhappy with the red tape, paperwork, and the time it takes to receive care at the Iowa City VAMC. I have been told you may as well plan on taking the whole day off if you are going to go down to Iowa City for health care. I did not put this in here, but I would like to say also that I am not cutting down the Veterans' Administration Hospital in Iowa City. I have been to Hines, and some of the other hospitals, and they are really a good facility in Iowa City. They try to do the best they can. We have 27 million veterans currently, and a lot of them are older veterans of World War II, the Korean war, and the Korean Conflict, and a lot of them are Vietnam veterans who are getting a little elderly too, and I am sure that the Veterans' Administration hospitals are really overburdened with the responsibility of taking care of our nation's veterans.

Recently one of our VA members was scheduled for an appointment for treatment at 7 a.m. in Iowa City, and it was after 1 p.m. before he was examined by a doctor. When he complained about waiting all morning the doctor replied "you have no reason to complain. The long wait could not be helped, and after all, many people would like to have free medical care as you do."

Lane, as a Vietnam veteran, I can assure you that these guaranteed benefits promised us many years ago were paid for many times over, and I find it very disturbing that one of my own has been treated in such a manner.

When a veteran sees that type of treatment, and experiences other negatives, such as the parking situation, the long drive, losing a day's pay, and so forth, he simply makes up his mind not to return unless absolutely necessary. Minor discomforts and problems are ignored until they become major ones, and what could have been treated at an outpatient facility, as the one currently proposed, ends up requiring a possible lengthy stay in the hospital with additional expense to the taxpayers, and taking up valuable space and specialized care.

Another aspect I feel we should look into is that veterans, especially Vietnam veterans, are skeptical of being treated in a Veterans' Administration hospital, primarily because it is an extension of the government.

The recent success of the Vet Center Program would indicate that a satellite outpatient clinic in our area would have an excellent chance of success in that it is a more relaxing atmosphere, and would be less intimidating to the veteran. I also think that the possibility of incorporating the Vet Center with the outpatient clinic should be looked into. I believe that it would be cost-effective from the VA's point of view, and I believe that it would be acceptable to the veteran. I believe an outpatient clinic is indeed warranted here in our area. It would solve many problems for veterans, and probably quite a few for the Veterans' Administration Hospital in Iowa City.

We thank you for caring. Thank you, sir.

[The prepared statement of Mr. Allen appears on p. 31.]

Mr. EVANS. Maury.

STATEMENT OF MAURICE KERCKHOVE, DEPARTMENT JR. VICE COMMANDER, DEPARTMENT OF ILLINOIS, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. KERCKHOVE. My name is Maury Kerckhove, Department Junior Vice Commander, Department of Illinois Veterans of Foreign Wars. Also a member of your committee, Lane.

Mr. Chairman, members of the subcommittee, on behalf of 105,000 members of the Veterans of Foreign Wars in the United States, the Department of Illinois, I appreciate the opportuity to present our views concerning matters dealing with, and the planning, of the satellite outpatient clinic in the Quad City area.

Mr. Chairman, we would like to begin by complimenting you and the members of your subcommittee for your continuing interest in veterans programs. We are in favor of a satellite outpatient clinic

in the Quad City area. In support of our proposal for such a recommendation, we are furnishing you with the following statistics:

The fifteen counties, with the exception of Hancock and Jo Davies Counties in Illinois, are within the current Iowa City VA Medical Center area. There are approximately 96,980 veterans living in the Quad City area. Projections indicate that the better population will decrease in 1990 to 87,062, and by the year 1995 to 78,858, and by the year 2000 to 71,681.

The significant portion of the 12,163, or 13 percent of the current veteran population, is composed of elderly veterans 65 years of age or older. Projections indicate that their numbers, that is subgroup, will increase to 22,406 by the year 2000, and will at that time comprise 31 percent of all the veterans in the Quad City area.

Therefore, it is seen that while the total veteran population will decrease 26 percent by the year 2000, the older veteran population will increase by 82 percent. Nearly 6.9 percent of the general population in the Quad City area is currently unemployed, and approximately 9 percent live below the poverty level.

Current data available at the Medical Center indicates that 30 percent of those veterans in the Quad City area who are treated as outpatients have service-connected health needs. Historically service-connected disability veterans have demonstrated to be on the lower income level, more likely to be unemployed, and in need of more health services. It is felt that despite the declining total number of veterans in the Quad City area, the factors present of age, unemployment, poverty, and service-connected disabilities, clearly point to a higher health care need for this area.

The average distance to Iowa City Medical Center from the surrounding counties is approximately 83 miles. If a satellite outpatient clinic were to be set up in the Quad City area, the average mile for a veteran traveling in the fifteen county area would be reduced to about 50 miles. The fifteen counties account for 26,582 outpatient visits to the Iowa City VA Medical Center in fiscal year 1985, which is up from 21,309 in fiscal year 1983.

The Veterans of Foreign Wars has long supported a satellite clinic as a plan for the future, and we would wholeheartedly recommend that the Iowa City VA Medical Center have an opportunity to place a satellite clinic in the Quad City area.

The statistics which I have given to you in this report were furnished by the Medical District 22 in Omaha, Nebraska.

This concludes my recommendation, and I thank you for the opportunity to appear before your committee. I might add, Honorable Chairman, that there are many veterans in the Quad City area currently who are denying themselves the opportunity of medical care due to the transportation factor of getting back and forth to Iowa City. They are rather reluctant to ask anyone to take them; maybe they have a family; maybe they do not have a family. It does create an inconvenience, and they are denying themselves of that factor because our current transportation system you can get to Iowa City perhaps, but then again from—of the Iowa City Hospital is another trip. As was pointed out, if they were to drive at the age they are getting to, it is an inconvenience for them to try to find a parking place in the Iowa City area. It is rather difficult, and it is crowded.

More of my concern is the veteran is denying himself because of his financial status, the ignorance of the laws that are there on the books, and what he is entitled to, I am more concerned with that. I think that the Quad City area most certainly needs an outpatient clinic.

We have visited all the Iowa City facilities. I have been in all the VA hospitals in the State of Illinois, and I can assure they are all functioning well, but the need is big, as it is in Peoria. Peoria has its satellite, and we need one here in the Quad City area.

I want to thank you for this opportunity to testify before you.

[The prepared statement of Mr. Kerckhove appears on p. 33.]

Mr. EVANS. Thank you very much. I want to thank this first panel for their excellent testimony.

Before I ask any questions I would also like to recognize State Representative Bob Jay Raskin, ask him to stand, and wish everybody would welcome him. [Applause].

Maury, you know this clinic will also improve the quality of care in the Peoria clinic and the Iowa City Medical Center by alleviating some of their caseload at the present time. That is important.

I think it is also important, at least at this time, because it will take some time for this clinic to be established for veterans to know that they can turn to some of the veterans organizations for help. If you are a veteran needing help in getting to Iowa City, many of the veterans organizations do offer that kind of assistance.

Let me just ask questions based on an individual basis.

Eddie Joe, you testified that Quad Cities veterans need better access to VA outpatient care. In your opinion, do veterans in other areas generally have better access to VA outpatient care than veterans in our area?

Mr. SPERRY. Well, in the Chicago area if a guy catches a cold and thinks he needs help, he goes down to the VA. A lot of guys up there do not carry any medical insurance because they are handy to the VA Hospitals right there in Chicago.

The Peoria area is approximately the same area that we are. They have an outpatient clinic, and it is what we are looking for. It would be much easier for the people that are here around the Quad Cities if we had one.

I understand they are trying to get one in Rockford, and it would help the whole area if there was one—one in Peoria, and one in Rockford. I would like to see how it would help ease the load on Iowa City and on Chicago because it is much easier to go to a local place than it is to get in a car and drive however far you have to go.

Mr. EVANS. You mentioned the possibility of serious illnesses being avoided if veterans get treated at an early point in their need for care. You also indicated that establishing a clinic here in the Quad Cities makes good economic sense. Could you elaborate on both those points?

Mr. SPERRY. I think having it here would be like getting preventive maintenance done on your car. You take care of your car, you have preventive maintenance done, so you do not have major bills later on. That is the same true with health care. If you take preventive maintenance with health care, you do not have expensive

inpatient clinic, or inpatient work, to do later on with that particular patient. You can catch it before it gets too bad.

As far as economic value is concerned, it will not only save the veteran the expense of making an extensive travel, it will also help an area that right now is economically depressed. You can go anywhere in the country and you can find people working like crazy, but if you come to the Quad Cities, there is very few, and I think it would help the whole area in that way.

Mr. EVANS. Bill, you talked about the needs of the Vietnam veterans. I know Vietnam veterans are quite often reluctant to go to big medical facilities. Do you think having an outpatient clinic, you might reach out to those Vietnam veterans and encourage them to get involved in an earlier stage when they are facing medical problems?

Mr. ALLEN. I think probably it would, Congressman. I think that as we have seen here locally in regard to the Vet Center, that a lot of veterans that possibly would not have driven all the way down to Iowa City for psychiatric care, will go to the Vet Center because of the atmosphere, and it is a little bit more relaxed, and I think that if we had an outpatient satellite clinic here it would be a lot easier for veterans that, say, for instance, work for these big manufacturers for 15, 17 years, and all of a sudden they are out of work. A lot of them now are working right now for employers that do not have any medical benefits, and it is pretty hard for them to—they do not want to jeopardize their jobs by taking a full day off in regard to going all the way to the Veterans Hospital in Iowa City, and that is pretty much what they have to do. If their employer would just say "well, I cannot let you go. If you do go you lose your job," and so they just do not go.

This would make it a lot easier for them to take off possibly for half a day, or maybe like 2:30 in the afternoon and make an appointment, and keep their jobs, because jobs are a premium right now. A lot of guys that were really making good money are not making it now, maybe stayed in the area because their families are here, and I believe that they are letting their medical care go because of the transportation problems, and the time element involved.

Mr. EVANS. Maury, you made a very factual, and I think a very interesting statement. According to your testimony, which I think should be emphasized, while the overall veterans population in the Quad City area, the fifteen county area, actually is expected to decline, there will be a significant increase in older veterans. The number of veterans who are 65 years or older will increase by 82 percent by the year 2000, just 12 years away.

As the veteran population ages, do you expect the need for outpatient care to increase?

Mr. KERCKHOVE. Yes, not only now as we are looking at the age bracket of 65, but in the future it will also increase because of the fact that our younger vets, Vietnam veterans, are going to be of that age bracket too. You tack another twelve years on what they are now, the average age of the Vietnam veteran is probably 30 years, or 40 years old at this time. Another twelve years they are going to be 52. That is not much longer than they are at that 65 year bracket.

We also have the World War II veteran, many of whom today, life expectancy what it is today, is up to 77 years of age. Another twelve years on top of the 65 we have is already at 77. So, consequently, we are going to be increasing our numbers, and the workload, and our demands on our VA hospitals. And an outpatient clinic care would enhance the area, I think, tremendously. The service that it would render to our veterans would be immeasurable, and they are benefits they are entitled to. They earned that right.

Mr. EVANS. The panel has indicated a number of factors that have served to discourage the veterans of our locality from going to Iowa City. These include the parking situation, the drive, the loss of pay, the amount of time, and so forth. What are the key factors that need to be considered, what things do you have to look at to make the outpatient clinic a real success in the Quad City area?

Mr. SPERRY. I think one of the things that is necessary is availability, being able to get to the place handily, and be able to get the job done in a minimum amount of time.

Mr. EVANS. So parking.

Mr. SPERRY. Right.

Mr. EVANS. Is pretty important? Distance, we use averages, and I guess for any Quad City veteran it is not going to be 50 miles, it is going to be, of course, much less.

Mr. SPERRY. Well, it is not only going to be a shorter distance for people who live in the Quad Cities, it is going to be a shorter distance to people who live closer to the Quad Cities.

Mr. EVANS. Right.

Mr. SPERRY. It is going to chop off for them too.

Mr. EVANS. Fifteen counties in eastern Iowa and western Illinois.

I understand there was a newsstory, I have not seen it myself, which indicated that Quad Citians' income on the average is much lower than the United States' income on the average, and even the State of Illinois. Maury, you indicated that nearly 6.9 percent of the Quad Cities' general population is currently unemployed, and that approximately 9 percent of Quad Citians live below the poverty level. Your testimony also reports that 30 percent of Quad City veterans who receive outpatient care in Iowa City have service-connected health needs.

Should veterans in these categories be provided better access to outpatient care?

Mr. KERCKHOVE. Definitely. I most certainly feel that way.

Mr. EVANS. Because they do not have access otherwise to any other programs?

Mr. KERCKHOVE. No, they do not.

Mr. EVANS. I do not have any more questions. I want to thank you for coming and testifying. I would like you to join us at the table, if you would, and stay with us for the rest of the hearing.

Mr. KERCKHOVE. And I want to thank you for the opportunity to testify. [Applause].

Mr. EVANS. Before we call our next panel, I would like to make a statement about beneficiary travel. Many people today are concerned about this issue. I am happy to report congressional action on legislation to re-establish beneficiary travel benefits is nearly complete. Final action by the House and the Senate could be com-

pleted as early as next week; then the legislation will be sent to the White House for the President's signature.

Our second panel is comprised of two veterans, Eugene Langston and Bill Nyguist. I would like to have them come forward and please be seated. We welcome their testimony because of their personal experience with outpatient care and their opinions will be especially useful. Again, the statements that you submitted will be put into the official record. You may read them, or summarize them, and you may take as long as you need.

Mr. Langston, you are listed first on the witness list. You may proceed.

STATEMENT OF EUGENE LANGSTON, VETERAN, EAST MOLINE, IL

Mr. LANGSTON. I have a statement. It really is not to do with the treatment, but it is with what I have done for the veterans.

I have been involved with the disabled veterans for American Veterans Transportation Network since December of 1987. I applied as a driver in April of 1987, and have only recently become active in the program.

The month of December 1987 to the present I have driven 17 veterans from the Quad Cities to Iowa City; have driven a total of 2,220 miles, and accumulated 86 hours of volunteer time. Nine of the 17 vets were over half, and four months total. I drove in March, and I believe I will continue to drive as frequency desires—I mean, demands.

I receive no reimbursement for this. It is a privilege to perform this service for vets in this area. I believe the placement of an outpatient treatment clinic in this area would greatly relieve the confusion, overloading the services in the clinics in Iowa City, reduce stress to the elderly disabled veterans in this area.

I hope to continue with the DAV Transportation Network to supply rides to veterans in the Quad Cities.

Thank you for your consideration.

Mr. EVANS. Thank you.

[The prepared statement of Mr. Langston appears on p. 35.]

STATEMENT OF BILL NYQUIST, VETERAN, ROCK ISLAND, IL

Mr. NYQUIST. Good morning. Bill Nyquist is my name, from Rock Island. I am pleased to testify at this field hearing in regard to the proposed VA satellite outpatient clinic for the Quad Cities.

Little did I ever dream I would someday need the help from a VA Medical Center. For many years I worked for a local—major farm implement manufacturer, a couple of government military contractors, and held miscellaneous sales positions. Most of these jobs included health insurance. Because of being unemployed several times, and the local economy being what it has been in the last several years here, and being a single person, I was without health insurance in 1982. I then sought the help of the VA Medical Center in Iowa City, which is approximately 60 miles from my home.

I became diabetic in 1978, and have had rheumatoid arthritis since 1980. I am seen every couple months at two separate clinics for these illnesses at the VA.

In 1984, for my arthritis, I started weekly gold shots, plus blood work and urinalysis. I drove myself to Iowa City 38 straight weeks for this. In late 1985 I stopped because it did not seem to help anymore, and at this time it was suggested that I apply for Social Security disability. I have been on disability since January 1986.

I have tried nearly all the arthritic drugs except a few. I must now decide within the next couple of weeks to start a new drug which requires close follow-up with blood work and urinalysis again.

With my low income, and an old high mileage car, I am forced to make another difficult decision about my health care. Nearly everything I have gone to Iowa City for so far could have been taken care of in the Quad Cities in a satellite clinic. Surely there are many other veterans in the same position as I.

I am very grateful for the excellent care the VA has given me, and I hope this testimony will help bring about a clinic for the Quad Cities. There are many more veterans more deserving than myself, and I think we should do all we can to help them.

Thank you.

[The prepared statement of Mr. Nyquist appears on p. 36.]

Mr. EVANS. Thank you.

Mr. Langston, I want to thank you for participating in the DAV Transportation Network. I really think you deserve a round of applause. [Applause].

This is the program I was talking about earlier, which we need in the interim before we get the satellite outpatient clinic established. Could you explain the program to us for the benefit of the public. Tell us why you decided to participate and maybe tell us how many people are assisted each month by the program?

Mr. LANGSTON. Well, the way I found out about it, I bumped into a guy that needed to go to the hospital, so I volunteered to do it. And when I got down there I was introduced to Tom Smith—

Mr. EVANS. Could you speak into the microphone, sir? I did not hear you.

Mr. LANGSTON. When I got down there I was introduced to Tom Smith, which he is the DAV Coordinator for getting transportation for all veterans, and he said they would appreciate it if I would take part in it, so I have.

As far as what you can do to get anything else done, I do not know.

Mr. EVANS. You have driven nearly 2,300 miles in five months to take veterans to Iowa City. That is almost 500 miles traveling a month. How many hours have you actually put on the road transporting veterans to the Medical Center?

Mr. LANGSTON. Well, I figure everyday that I go is twelve hours, and I go down, and wait, and bring them home. And I do not mean that in a bad sense or anything. I know when I take them down there I have to bring them back.

Mr. EVANS. You have experienced some of the problems that occur with waiting and so forth, because of the nature of the caseload.

Mr. LANGSTON. Right. And then after I get down there there is a lot of veterans going to the hospital, and runs—and takes people from one place to another, they deliver whatever the doctors want,

go get tests, and take them to the—where they are tested, and all this. They need men there too.

Mr. EVANS. Could you tell us a little more about what you called the confusing and overloading of services at the clinics at Iowa City?

Mr. LANGSTON. Everybody that goes there has to go through primary care, and I have seen a time down there when there has been 100 or 150 people waiting to go through primary care. I do not care—the only way you can get back primary care is if you come in on a stretcher. Otherwise, you wait right there. And there is only three people, maybe four doctors. So you spend a lot of time. Not that that is a bad thing. It could be alleviated by inspecting here, and then sending them down there. Then they would go right directly to a doctor.

Mr. EVANS. How long is this wait normally?

Mr. LANGSTON. Boy, I would say at least four hours. But I think it is more than that. I never—I have taken them down there and it has been five hours before they get out of primary care. And then they have to go two or three X-rays, and blood tests, and stuff like that. It takes a lot of time.

Mr. EVANS. Well, I appreciate what you have done.

Mr. LANGSTON. Well, I think you are a wonderful person to even be working for this.

Mr. EVANS. We are going to keep working.

Mr. LANGSTON. Because they need it.

Mr. EVANS. Bill, you have talked about being very costly and time consuming to travel back and forth. Because of these obstacles some of our veterans are not obtaining the health care that they need. Have you been faced with this decision yourself?

Mr. NYQUIST. Like I say, little did I think I would ever need the help from a VA, and it is just the only choice I have, you know. When I lost my health insurance, that is it.

But I would like to comment on this gentleman talking about primary care. Of course, I am in a couple of clinics now. I do not have to go through primary care. But I have been there in the beginning. It reminds me of O'Hare Field, all the people are sitting there just—

Like I said, sometimes it is all day long to get in to see a doctor there. And many things I go to the VA for at the present, are things that could be done at the clinic here. And I just see where something like that would be so beneficial to many veterans. You know, many have forgotten they qualify for any medical help. It would just be a wonderful thing.

Mr. EVANS. Now, you drove yourself to Iowa City for 38 straight weeks?

Mr. NYQUIST. Right.

Mr. EVANS. That kind of long distance travel could easily discourage veterans from even going.

Now, what would a VA satellite clinic at the Quad Cities mean to you?

Mr. NYQUIST. At the time I was taking gold shots, and blood work, and that, and just saving me money, and transportation, and that old car. It would just be wonderful. And like I say, more veter-

ans are more deserving than I, and I think we should really do something for them.

Mr. EVANS. All right. We thank you both for coming forward and having the guts to talk about problems. We think it is going to be important to improving the quality of care for veterans in this area, but also in Iowa City, and reduce some of that caseload at Iowa City's. We appreciate you making those points.

Mr. LANGSTON. Thank you very much. [Applause].

Mr. EVANS. The final panel today represents the Veterans' Administration. They are Mr. James S. Gregg, Deputy Director of the Strategic Planning for the Department of Medicine and Surgery, VA Central Office, Washington, D.C.; Mr. Alan T. Maurer, Special Programs Officer, Office of Facilities, VA Central Office; and Mr. Gary L. Wilkinson, Director of the Iowa City VA Medical Center.

We welcome all of you here today. The testimony that you have submitted is going to be included in its entirety in the record, and we look forward to hearing from you.

Mr. Wilkinson, we want to put you at ease. We think by and large the service that veterans get at Iowa City is very good. We know the problems of overburdening on your staff, and that leads to staff burnout, as well as veterans problems. We appreciate you coming, and coming the distance that some of our veterans have traveled to get to Iowa City, to answer some questions.

Mr. Gregg, I understand you have a statement for the whole panel, and then we will pursue questions.

STATEMENTS OF JAMES S. GREGG, DEPUTY DIRECTOR, STRATEGIC PLANNING FOR DM&S, VA CENTRAL OFFICE, WASHINGTON, D.C.; ACCOMPANIED BY ALAN T. MAURER, SPECIAL PROGRAMS OFFICER, OFFICE OF FACILITIES, VA CENTRAL OFFICE; GARY L. WILKINSON, DIRECTOR, IOWA CITY VA MEDICAL CENTER

Mr. GREGG. Thank you, Mr. Chairman. It is a real pleasure to appear before you this morning, and discuss the recently approved plans for a VA satellite outpatient clinic in the Quad Cities area.

I would like to take this opportunity to thank you, Congressman Evans, for your sustained long-term support for this project. It has meant a lot to it.

We have submitted a written statement, and with your permission I would like to highlight that statement.

Mr. EVANS. It will be entirely included in the record, and you may summarize.

Mr. GREGG. Thank you.

In our written statement the first issue we address is access, and pointed out that our reason for building and operating satellite outpatient clinics, is to increase veteran access to medical care.

I must say that in our statement we express this in pretty general terms. I think the previous two panels have very effectively, and very, very vividly, demonstrated what access means to veterans far better than I can do.

And I would also like to say that we are extremely impressed by the turnout this morning, and the large number of people who

have taken the time, and made the effort, to come and show that they are concerned about veteran access as well.

As you know, a decision has not yet been made as to precisely where the new clinic will be located. However, it is known that the parent medical center will be the medical center in Iowa City. And we also know that this will be a full-time satellite clinic operating for at least five days a week with full-time permanent VA staff.

We expect the clinic to provide a broad range of outpatient health care services. These could include such items as general medicine, a variety of mental health services, pharmacy services, diagnostic tests, basic radiology, and screening veterans for possible VA hospital admission.

Now, we get to the point that we are now in VA in planning for satellite outpatient clinics by going through a very rigorous planning process. This begins down at what we call the grassroots level, or where we are closest to the veterans; that is, with our existing VA medical centers, and they in conjunction with our medical districts develop plans to a process that we call medical district initiated planning.

This has been done. It has been done very thoroughly. These plans developed at that level, after they have been approved at that level, are submitted to our regional office, and included in regional plans, which in turn get sent to Washington for a very thorough review there.

So you can see that we go through an intensive and rigorous planning process. It is a process that looks at veteran population in the area to be served. It looks at geography, the location of existing VA hospital facilities, and other resources in the community that might be affected in backing up a clinic of this sort.

When the medical district studied the need for the clinic, it estimated that eventually we could have as many as 30,000 outpatient visits a year at this clinic.

As you know, after the planning process and review in September of 1987, the Quad Cities project was approved by the VA Administrator. This meant that the clinic could be considered and included for funding in the President's 1989 budget, which was submitted to the Congress in February 1988.

Fiscal year 1989 funds will be used to cover the cost associated with obtaining space and equipment suitable for a fully operational medical clinic in this area.

We are now proceeding with our operational plan in VA for the clinic. This will include identification of space requirements for the clinic, and an economic cost analysis which we expect to be completed in July of this year.

The results of this cost analysis are used in considering or determining whether the clinic facility will be built, or purchased, or leased.

In the case of clinics of the size we are planning here, the most typical option exercised is to lease space for the clinic. So I will briefly outline some of the steps that we take in that leasing process, and then at the conclusion of my summary, Mr. Maurer can respond in detail how this works.

If the Administrator concludes that a lease is the most desirable method of acquisition, a delineated geographic area is established,

and an advertisement placed in local newspapers requesting expressions of interest from those in the delineated area who wish to provide or be considered for providing space for an outpatient clinic.

After that a VA team from Washington reviews the potential sites identified from this advertisement, and determines those which meet, or can be modified to meet, the clinic's needs. After this so-called market survey, the sites which meet the VA requirements are provided so-called solicitations for offers. These solicitations include very detailed specifications about the physical plant requirements for the clinic.

Then after proposals are received and reviewed by the VA Office of Facilities, negotiating sessions are held with all potential offerors, and after that the offerors are requested to submit best and final offers for the lease of their space.

A final evaluation is then made, and a site recommendation is made to the Chief Medical Director for his concurrence. Then upon the approval of the Administrator, a lease contract is awarded. At that point we can proceed with renovation, or if we need to, construction of the facility, to bring it into compliance with the specified requirements.

Upon completion of that, the clinic is then ready to be staffed, activated, and begin serving veterans.

Allowing for the maximum time in each step of the process, and providing the needed funding as appropriated by the Congress, the clinic would be activated in the fall of 1990. Of course, we hope we will be able to reduce the maximum amount of time involved.

Mr. Chairman, this concludes my formal remarks. We stand ready to respond to questions.

[The prepared statement of Mr. Gregg appears on p. 37.]

Mr. EVANS. Thank you. We have many questions and hope they cover the range of questions that people have concerning the establishment of the clinic. Hopefully you will be available perhaps afterwards if we do not cover them, so the press can ask you any questions they may have.

The establishment of an outpatient clinic in the Quad Cities will be based on need, geography, location of existing facilities, the availability of community health resources, and the number of veterans who potentially benefit from the service.

Now, could you elaborate on those factors, such as geography, location of existing facilities, the availability, and the numbers of veterans, et cetera?

Mr. GREGG. I would be happy to, and I will also ask Mr. Wilkinson to comment on that.

Several of the previous witnesses have mentioned, I think, one of the most important factors, and that is geography, and the distance from other VA medical centers, the distance that people have to travel to get to those other facilities. I imagine that may be even complicated by weather at times in the winter. Some of the counties that are in the primary service area involving this project have to travel over 100 miles to get to the medical center in Iowa City.

As also mentioned by a previous witness, we have the issue of the older veteran, and as was discussed, we will have over an 80 percent increase in the number of veterans over 65 between now

and the year 2000. Older veterans tend to require more medical treatment, and as was pointed out, they often have more difficulty in traveling to a medical facility.

These were some of the factors that were considered in the analysis that was done by our hospital and district, and I might ask Mr. Wilkinson to comment on other features.

Mr. WILKINSON. I think the local community resource is very important to us because we would be looking to purchase some services, such as some land services, from local existing facilities.

Also, some of our veterans may need emergency hospitalization, and we would want that readily accessible to this clinic. So we do look to the community to interact with in that regard.

Mr. EVANS. Any other comments?

According to your testimony, initial funds for the clinic in the Quad Cities were requested in the budget proposal for next fiscal year. How much has been requested, and how will these funds be used?

Mr. GREGG. We have requested approximately $330,000, set aside that amount in the budget for the purpose of renovating space that we might lease and getting it in shape for a clinic.

I might ask Mr. Maurer to comment on just what that involves in a typical case.

Mr. MAURER. Typically we go out and lease—if we are in a leasing arrangement, and by the way, I should mention parenthetically up front that the $330,000 presumes a lease approach as opposed to building our own clinic. But typically we go out in the market and lease commercially available space, and that is not usually set up just right for an outpatient clinic. So we need to go in and contract to have it modified to be a clinic. And that is what the $330,000 is for. We expect it will take that much. But that is a very loose estimate based on experience in other areas, rather than on specifics known about the Quad Cities clinic.

Mr. EVANS. If it should be more, you will come and see me about the sum of money.

Mr. MAURER. Absolutely.

Mr. EVANS. We hope it will not be.

Now, the three options for acquiring a clinic are leasing, building, or purchasing. Most clinics are being leased, is that correct?

Mr. MAURER. Sure is.

Mr. EVANS. How is that decision made?

Mr. MAURER. The decision has a couple of factors associated with it. A main one is economics. As Mr. Gregg has already suggested, we do an economic cost analysis as one of our first steps when we get an approval to establish a clinic in some location, and that weighs heavily in the decision makers' mind, the Adminstrator's mind, as to whether we are going to go with the lease, or with a constructed clinic.

However, there is a preference for leasing in our satellite clinic area because of a variety of factors, some of which relate to the speed with which we can get the clinic put in place. It is faster to be able to go out and lease a clinic, and put it in place, than it would be for us to have to go through the construction authorization process, and have a construction project approved to build our own clinic.

Also, with the variability of veteran population, and geographic and demographic trends, a leased clinic can tend to be more responsive to changes in where veterans live. So we tend to lease them.

Mr. EVANS. You indicated that there is a possibility of renovation or construction. In those instances does the VA consider local contractors for that work?

Mr. MAURER. Absolutely, although it is not contracted under our auspices. It is contracted by the owner of the building, if it is a leased building. We arrange with the owner, and pay him for the improvements, but it is not a government contract, so to speak.

Mr. EVANS. Well, we have also heard some people talk about the possibility of using interested hospitals in the Quad Cities as a potential site for the clinic. Will they be considered in this process? We have heard from some actually. They will be considered in terms of their proposals?

Mr. MAURER. There is no question about that. When we originally solicit interest, or expressions of interest from the local community, the interests expressed by hospitals, and others, are given full consideration.

Following the receipt of those responses, a team will come out and look at all of the locations, and in other locations across the country we have considered and established clinics in conjunction with other existing medical facilities in the community, because in many cases there are great advantages both to the medical facility, and to the Veterans' Administration.

Mr. EVANS. The testimony mentioned the so-called delineated geographic area. Can you tell us what this is; how it is developed; how it is used; and when will the delineated geographic area for the Quad Cities clinic be established?

Mr. MAURER. Delineated area is established typically when we made a conclusion, or made a decision, that we are going to lease. It is established based on a variety of factors. We start first obviously with the sort of rough geographic center of veteran population. We want to put it as near where the veterans are as possible, so that is obviously an important factor.

But additional factors are considered. Things like transportation availability, access by air, by road, by train, parking, availability of nearby medical facilities, things like that, because obviously these satellite clinics are not medical facilities unto themselves, and often, or occasionally, have to rely on nearby medical services.

Those things are all considered before we decide how to establish the zones of geography where if we were to build a clinic, or were to lease a clinic within those zones, it would meet our programmatic needs.

Mr. EVANS. The Iowa City VA Medical Center will serve as a parent medical center for this clinic. What are the responsibilities of the parent center?

Mr. WILKINSON. What we would do is provide the subspecialty work that may be required of veterans, such as orthopedic, cardiology, oncology, you know, those kinds of services would be available. We also purchase many services from the University of Iowa Hospitals and clinics. Those services would also be available to those veterans at no cost to the veteran.

Also, any service that is available anywhere in the United States in the VA would become available to those people. The extreme example would be bone marrow transplant, which is available at the Seattle, Washington VA or heart transplants, which are available to Richmond, Virginia VA. Those kinds of services become totally available to any veteran walking in the door of that clinic.

Mr. EVANS. Will veterans from any geographic area be able to receive services from this clinic?

Mr. WILKINSON. Yes. There is no requirement that they have to seek treatment at a specific hospital. Many of our veterans come from other states. They have established a relationship with our hospital. They like the services there, and they travel long distances to get there. That is just a personal preference on the part of the veteran himself.

Mr. EVANS. So that a veteran, let us say, in Galesburg, which is about 45 miles from here, and 45 miles from Peoria, would have his choice of which outpatient clinic?

Mr. WILKINSON. Exactly, yes.

Mr. EVANS. Because the services might differ at these two clinics to some degree, veterans will have a choice of which one to use?

Mr. WILKINSON. That is correct.

Mr. EVANS. Do we have any estimate of how many veterans in the area to be served will be served by this clinic?

Mr. WILKINSON. We anticipate 30,000 visits. That is about 7,500 veterans. Our experience is that we get three to four visits per year per person. So it would be 7,500 individuals that would be served by that clinic.

Mr. EVANS. The clinic would be open at least five days a week. Do you know how many hours that might be?

Mr. WILKINSON. Well, standard hours are usually 8 a.m. to 4:30, or the standard administrative hours, but there is no reason that cannot change for whatever reason, but that is the standard operating hours.

Mr. EVANS. Do we have any estimates of how many people would be employed at the clinic?

Mr. WILKINSON. Intially we will employ nine. Eventually we will have 16 employed when we reach our 30,000 visit level.

Mr. EVANS. The services to be provided by this clinic have not yet been determined. How and when will that be determined?

Mr. WILKINSON. Actually it would be by the expected demand, or what the actual demand is, as we experience it. We will have a general medical base, and all general services will be readily available. If the physician who is there needs a subspecialty consultation, or needs a more extensive work-up than they are able to give in the clinic, referral will be made to the Iowa City VAMC.

We expect 10 to 15 percent of those veterans would probably need some more highly specialized service than the clinic would have available; they would come to the Iowa City VA.

Mr. EVANS. Will there be a program to reach out for veterans?

Mr. WILKINSON. Absolutely. We have a very active outreach program, as many of the elderly veterans know now, from our hospital, and that would continue as well for this clinic. We would be also responsible for that, and we would continue that kind of outreach effort, yes.

Mr. EVANS. How much space are we talking about for this clinic?

Mr. WILKINSON. A minimum of about 3,700 square feet.

Mr. EVANS. Well, that completes my questions. If you have any other comments, we would like to have them at this time. If not, thank you very much for your testimony.

Mr. GREGG. Thank you. We appreciate being here.

Mr. EVANS. Thank you.

That concludes our hearing. [Applause].

I want to thank you all again for joining us. I want to thank UAW Local 865 for providing us their hall as well, and recognize my two employees, who traveled from Washington and who work with me in Washington, Pam Parker and Mike Durishin. If you would stand up and receive the applause that you all deserve. [Applause].

[Whereupon, at 10:46 a.m., the hearing was adjourned.]

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APPENDIX

OPENING STATEMENT OF CONGRESSMAN LANE EVANS

FIELD HEARING

OF VETERANS AFFAIRS SUBCOMMITTEE ON

OVERSIGHT AND INVESTIGATIONS

EAST MOLINE, ILLINOIS

APRIL 22, 1988

AS THE CHAIRMAN OF THIS SUBCOMMITTEE, I WANT TO WELCOME EACH AND EVERY ONE OF YOU TO THIS FIELD HEARING. I AM ESPECIALLY PLEASED TO SEE THE LARGE NUMBER OF PEOPLE WHO HAVE COME TODAY. LET ME ALSO RECOGNIZE THE LOCAL OFFICIALS WHO ARE PRESENT, AND THE MEMBERS OF MY VETERANS ADVISORY COMMITTEE. I APPRECIATE EVERYONE'S INVOLVEMENT AND INTEREST.

ALTHOUGH THIS HEARING WAS CALLED TO ASSIST MY WORK AND THE WORK OF THE SUBCOMMITTEE, IT IS ALSO DESIGNED TO GIVE THE PEOPLE HERE GREATER INFORMATION ABOUT HOW THE VETERANS ADMINISTRATION IS FULFILLING ITS MANDATE TO SERVE THE NEEDS OF VETERANS.

MANY OF THE VETERANS IN OUR AREA NEED AND WANT A HEALTH CLINIC CLOSER TO THEIR HOMES AND TAKE A GREAT INTEREST IN THIS HEARING. LET ME ADMIT THAT I ALSO HAVE A STRONG PERSONAL INTEREST IN THIS HEARING.

OF ALL THE BENEFITS AFFORDED AMERICA'S VETERANS, IT IS MY OPINION THAT HEALTH CARE IS THE MOST IMPORTANT. THOSE INDIVIDUALS WHO HAVE FOUGHT FOR AND DEFENDED OUR COUNTRY DESERVE TO BE TREATED NOT ONLY WITH RESPECT BUT TO RECEIVE ALL NECESSARY CARE FOR THE WOUNDS AND INJURIES THAT THEY HAVE SUFFERED. BECAUSE OF THIS IMPORTANCE, I BELIEVE IT IS THE RESPONSIBILITY OF ALL OF US TO ENSURE THAT THE VA IS CONTINUALLY ADJUSTING ITS PROGRAMS TO REACH ALL VETERANS WHO NEED ASSISTANCE AND CARE.

FOR MANY VETERANS OF THIS AREA, MEDICAL CARE IS OUT OF REACH. THE DISTANCE VETERANS MUST TRAVEL TO THE IOWA CITY MEDICAL CENTER CREATES GREAT BARRIERS TO GAINING THE BENEFITS THEY HAVE EARNED. MANY VETERANS MUST MISS WORK BECAUSE OF THE DISTANCE THEY MUST TRAVEL. A NUMBER OF OTHERS ARE UNABLE TO TRAVEL AND SIMPLY FORGO NECESSARY TREATMENT. A 1984 MEDICAL ADVISORY PANEL REPORT FOUND THAT ONLY 5 PERCENT OF THE AREA'S VETERANS UTILIZED THE VA HEALTH CARE SYSTEM BECAUSE OF THE DISTANCES TO EXISTING FACILITIES.

THE ISSUE HERE IS NOT THE QUALITY OF CARE. THE IOWA CITY HOSPITAL AND THE PEOPLE WHO WORK THERE ARE TOP-NOTCH. THE QUESTION IS HOW WE CAN MAKE THAT CARE AVAILABLE TO ALL VETERANS NO MATTER WHAT THEIR CIRCUMSTANCES.

THE VETERANS ADMINISTRATION HAS RECOGNIZED THIS PROBLEM BY ESTABLISHING SEVERAL SATELLITE OUTPATIENT CLINICS TO SERVE UNDERSERVED AREAS WHERE COMMUNITY MEDICAL RESOURCES COULD PROVIDE BACK-UP SUPPORT. AT MY URGING, THE VA IN 1984 RECOMMENDED THE ESTABLISHMENT OF A SATELLITE CLINIC IN THE QUAD-CITIES TO MAKE NEEDED MEDICAL CARE AVAILABLE TO RESIDENTS IN WESTERN ILLINOIS AND EASTERN IOWA.

ALTHOUGH I WAS PLEASED TO SEE THE VA RECOGNIZE THE NEED, I WANT TO FIND OUT HOW QUICKLY IT IS MOVING TO MEET THAT NEED AND WHAT FURTHER STEPS MUST BE TAKEN TO ESTABLISH A CLINIC. HOW CONCERNED THE VA IS ABOUT DELIVERING CARE AND ASSISTANCE IS AN IMPORTANT QUESTION FOR THOSE OF US IN THIS AREA AND MANY AREAS AROUND THE COUNTRY.

I BELIEVE THE EXPANSION OF THE OUTPATIENT CLINIC PROGRAM TO MEET THE NEEDS OF RESIDENTS OF MY DISTRICT AND OTHER COMMUNITIES IS AN ESSENTIAL TASK OF THE VA. BY DEVELOPING COMMUNITY BASED FACILITIES, THE VA CAN ENSURE THAT IT WILL TRULY CARRY OUT ITS MISSION TO SERVE VETERANS. I THINK WE ARE ALL AWARE OF THE CONTRIBUTIONS OF THE VET CENTER PROGRAM, WHICH INCLUDES ONE IN MOLINE, IN ALLOWING VETERANS TO GAIN THE TYPE OF TREATMENT AND HELP MOST APPROPRIATE TO THEIR NEEDS. AN OUTPATIENT CLINIC CAN EXPAND UPON AND SUPPORT THESE EFFORTS.

THE ECONOMIC BENEFITS THAT WOULD FLOW FROM A CLINIC SHOULD NOT BE OVERLOOKED. IT PROVIDES NEW GOOD-PAYING AND SECURE JOBS FOR THE AREA. COMMUNITY MEDICAL FACILITIES ALSO BENEFIT FROM THE SUPPORT AND BACK-UP WORK THAT ARE RELATED TO THE CLINIC. AN OUTPATIENT CLINIC CAN ALSO ASSIST IN ECONOMIC DEVELOPMENT ACTIVITIES OF A COMMUNITY AND SERVE AS A SIGNAL OF GROWTH THAT WILL ATTRACT JOBS AND BUSINESSES.

THESE POSITIVE ASPECTS ARE JUST ADDITIONAL ARGUMENTS IN FAVOR OF A CLINIC FOR OUR AREA'S VETERANS. HOW TO ESTABLISH A CLINIC AND WHERE IT SHOULD BE LOCATED ARE IMPORTANT QUESTIONS WE WILL ADDRESS TODAY AND ANOTHER REASON WHY I HAVE CALLED THIS HEARING. BUT I BELIEVE WE CAN ALL AGREE THAT THERE IS NO ARGUMENT ABOUT A CLINIC'S PURPOSE OR CONTRIBUTIONS.

FOR MANY VETERANS, THE BATTLE BEGINS AFTER ONE'S DISCHARGE. THE FIGHT FOR BENEFITS, FOR MEDICAL CARE, FOR RESPECT -- THESE ARE BATTLES THAT MUST BE WON TO FULLY RECOGNIZE THE SACRIFICES MADE BY VETERANS. I HOPE THIS HEARING IS THE BEGINNING OF THE ESTABLISHMENT OF A CLINIC THAT RECOGNIZES AND SERVES THE VETERANS OF OUR COMMUNITIES. I AM OPTIMISTIC THAT WITH THE CONTINUED SUPPORT OF THE VETERANS COMMUNITY WE WILL SOON HAVE A CLINIC THAT WILL BE A SOURCE OF PRIDE AND PROGRESS FOR OUR AREA.

TO EXAMINE THE ISSUES SURROUNDING THE NEED FOR A CLINIC AND THE STEPS NECESSARY IN ESTABLISHING ONE, WE WILL HAVE THE BENEFIT OF THREE PANELS OF WITNESSES TODAY.

ON THE FIRST, REPRESENTATIVES OF VETERANS' SERVICE ORGANIZATIONS WILL EXPRESS THE VIEWS OF THEIR MEMBERS. NEXT, WE WILL HEAR FROM VETERANS WHO CAN PROVIDE FIRST-HAND EVIDENCE OF THE PROBLEMS THEY ENCOUNTER IN TRAVELING TO FACILITIES AND THE RELATED DISRUPTION OF THEIR LIVES. FINALLY, REPRESENTATIVES OF THE VETERANS ADMINISTRATION WILL ADDRESS THE CURRENT TIMETABLE FOR ESTABLISHING A CLINIC, THE STEPS THAT NEED TO BE TAKEN, AND THE FUNDING PRIORITIES FOR A QUAD-CITIES CLINIC.

ONCE AGAIN, THANK YOU FOR BEING HERE. YOUR INVOLVEMENT AND INTEREST ARE THE REAL KEYS TO MAKING A QUAD-CITIES CLINIC A REALITY.

TESTIMONY OF
MR. EDDIE JOE SPERRY
CHAIRMAN, ILLINOIS 17TH CONGRESSIONAL DISTRICT
VETERANS ADVISORY COUNCIL
AND PAST AMVETS STATE COMMANDER
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
APRIL 22, 1988

GOOD MORNING. MY NAME IS EDDIE JOE SPERRY. I SERVE AS CHAIRMAN OF CONGRESSMAN LANE EVANS' VETERANS ADVISORY COUNCIL. I AM ALSO PAST AMVETS STATE COMMANDER, DEPARTMENT OF ILLINOIS. I APPRECIATE THE INVITATION TO TESTIFY THIS MORNING. I STRONGLY SUPPORT ESTABLISHING A VETERANS' ADMINISTRATION SATELLITE OUTPATIENT CLINIC IN THE QUAD CITIES TO SERVE AREA VETERANS.

AN OUTPATIENT CLINIC IN THE QUAD CITIES IS NEEDED TO PROVIDE OUR VETERANS WITH BETTER ACCESS TO OUTPATIENT HEALTH CARE. VETERANS IN THE QUAD CITIES AREA FACE MANY OBSTACLES IN OBTAINING OUTPATIENT CARE FROM THE IOWA CITY MEDICAL CENTER. FIRST, THESE VETERANS MUST TRAVEL MANY MILES AND MANY HOURS TO IOWA CITY. VETERANS WHO ARE FORTUNATE ENOUGH TO BE EMPLOYED ARE BEING FORCED TO CHOOSE BETWEEN GIVING UP A DAY'S PAY OR GIVING UP THE HEALTH CARE THEY NEED. CONGRESSMAN EVANS, OUR VETERANS SHOULDN'T BE FORCED TO MAKE THAT KIND OF CHOICE.

IN WINTER, WEATHER CONDITIONS CAN MAKE TRAVEL VERY HAZARDOUS AND ALL BUT IMPOSSIBLE BETWEEN THE QUAD CITIES AND IOWA CITY. IN ADDITION, TRANSPORTATION FOR VETERANS TO IOWA CITY IS NOT ALWAYS AVAILABLE. AND FINALLY, AS YOU KNOW THE LACK OF BENEFICIARY TRAVEL IS ALSO A SERIOUS PROBLEM.

WHEN A QUAD CITIES AREA VETERAN DOES MAKE IT TO IOWA CITY, LONG WAITS FOR AMBULATORY CARE ARE NOT UNCOMMON AND PARKING IS A WELL-KNOWN PROBLEM. THESE CONDITIONS CAN BE ALLEVIATED BY ESTABLISHING A SATELLITE OUTPATIENT CLINIC IN THE QUAD CITIES.

BECAUSE OF THE OBSTACLES I HAVE JUST IDENTIFIED, A QUAD CITIES AREA VETERAN COULD BE EASILY DISCOURAGED FROM OBTAINING OUTPATIENT CARE AT THE IOWA CITY MEDICAL CENTER. AS WE ALL KNOW, SERIOUS ILLNESS CAN BE PREVENTED WITH TIMELY OUTPATIENT CARE. WHEN OUTPATIENT CARE ISN'T OBTAINED, SERIOUS ILLNESS REQUIRING MORE COSTLY INPATIENT HOSPITAL CARE CAN RESULT. CLEARLY, OUTPATIENT CARE CAN BE COST-EFFECTIVE AND PROVIDE AN ALTERNATIVE TO MORE COSTLY INPATIENT CARE. A SATELLITE OUTPATIENT CLINIC IN THE QUAD CITIES ALSO MAKES GOOD ECONOMIC SENSE.

OUR VETERAN POPULATION IN THE QUAD CITIES AREA IS AGING. PHYSICALLY AND FINANCIALLY OUR AGING VETERANS WILL HAVE MORE DIFFICULTY OBTAINING NEEDED OUTPATIENT CARE FROM THE IOWA CITY MEDICAL CENTER. TRAVEL TO IOWA CITY FOR OUR AGING VETERANS WILL BECOME INCREASINGLY MORE DIFFICULT BECAUSE OF PHYSICAL INFIRMATIES. OUR AGING VETERANS HAVE ALSO PASSED THEIR PEAK EARNING YEARS AND ARE LIVING ON FIXED INCOMES. WHEN THESE VETERANS NEED IT MOST, THEY WILL BE THE LEAST LIKELY TO OBTAIN OUTPATIENT CARE AT IOWA CITY.

CONGRESSMAN EVANS, THAT CONCLUDES MY PREPARED STATEMENT. THANK YOU AGAIN FOR THE INVITATION TO TESTIFY TODAY AND FOR HOLDING THIS IMPORTANT HEARING ON OUTPATIENT CARE. YOUR LEADERSHIP ON BEHALF OF ALL VETERANS IS SINCERELY APPRECIATED. I WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE FOR ME.

Vietnam Veterans of America
Quad Cities Chapter 290
Post Office Box 20 – Moline, Illinois 61203

April 13, 1988

Congressman Lane Evans
328 Cannon Building
Washington DC 20515

Dear Congressman Evans,

Thank you for the personal invitation to attend your Congressional field inquiry April 22nd. I will be happy to attend and to participate in any way possible to insure that adequate and more convenient health care is available to our area veterans.

Lane, as you are aware, my affiliations with veterans are primarily with Vietnam era veterans, but as Chairman of the Veterans Committee, UAW Local 1304 and a member of the Veterans of Foreign Wars, I feel that I have had the chance to hear the wants and needs of veterans of all wars. One thing that veterans of all ages desire is medical care from competent people and the ability to receive that care with the greatest ease and convenience.

Veterans of the Vietnam War have experienced many employment problems in our area in the last 8 to 10 years, with the closings or relocations of many of the large manufacturing plants. Catapillar, Farmall, American Air Filter, the Case plants in Rock Island and Bettendorf and a host of others, both large and small. Many of the excellant health care plans that our veterans were using as employees are no longer in effect and many veterans are without any insurance at all, save the VAMC benefits in Iowa City. People that were earning $14.00 to $20.00 an h two or three years ago, are making minimum wages if they are luckey enough to find work at all. Needless to say, those fine insurance programs are no longer within their reach, and they rely on the Federal Government to help them out.

Most of these veterans are very unhappy with the red tape, paperwork, and the time it takes to receive care at Iowa City VAMC. I have been told that if you ha to go to the veterans hospital for care, you might as well plan on taking the who day off, by the time you make the drive down and back, and the slow process of receiving care there. Recently, when one of VVA's members was scheduled for an appt. for tratment at 7:00 am, it was after 1:00 pm before he was examined by a doctor. When he complained about waiting all morning, the doctor replied," You have no reason to complain, the long wait couldn't be helped, and after all, many people would like to have free medical care as you do."

Lane, as a Vietnam veteran, I can assure you that these quaranteed benefits promised to us years ago, were paid for many times over, and I find it very disturbing that one of my own has been treated in such a manner.

When a veteran receives that type of treatment and experinces other negatives, such as the parking situation, the long drive, losing a days pay and so forth, he simply makes up his mind not to return unless absolutely necessary. Minor discomforts and problems are ignored until they become major ones, and what could have been treated at an outpatient facility, as the one currently being proposed, ends up requiring a possible lengthy stay in the hospital, at additional expense to the taxpayers and taking up valuable space and specialized care.

Another aspect that I feel we should look at is that veterans, especially Vietnam veterans, are skeptical of being trated at a Veterans Administration hospital, primarily because it is an extension of the government. The recent

success of the Vet Center Program would indicate that a Satellite Outpatient Clinic in our area would have an excellent chance of success, in that it is a more relaxing atmosphere and would be much less intiminating to the vet. I also think that the possibilty of incorporating the Vet Center with the Outpatient Clinic should be looked into. I believe it would be cost effective from the VA's point of view, and I believe it would be acceptable to the veteran.

I believe an Outpatient Clinic is indeed warranted here in our area. It would solve many problems for veterans and probably quite a few for the VAMC in Iowa City.

I look forward to seeing you at the hearing. We veterans thank you for your caring.

Sincerely,

Bill Allen
Chairman, Public Relations Committee
Illinois State Council
Vietnam Veterans of America
1st Vice President
Quad Cities Chapter #299
Vietnam Veterans of America
Chairman, Veterans Affairs Committee
UAW Local 1304 - Case IH

STATEMENT OF

MAURICE KERCKHOVE
DEPARTMENT JR. VICE COMMANDER
DEPARTMENT OF ILLINOIS
VETERANS OF FOREIGN WARS OF THE UNTIED STATES

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

EAST MOLINE, ILLINOIS APRIL 22, 1988

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMIMTTEE:

In behalf of the 105,000 members of the Veterans of Foreign Wars of the United States, Department of Illinois, I appreciate the opportunity to present our views concerning matters dealing with the planning of a Satellite Outpatient Clinic in the Quad Cities area.

Mr. Chairman, we would like to begin by commending you and the members of this subcommittee for your continued interest in keeping veterans' programs in high esteem.

We are in favor of a Satellite Outpatient Clinic in the Quad Cities area. In support of our proposal for such a recommendation, we are furnishing you with the following statistics.

The fifteen counties with the exception of Hancock and Jo Davies Counties in Illinois are within the current Iowa City VA Medical Center area. There are approximately 96,980 veterans living in the Quad Cities area. Projections indicate that the veteran population will decrease in 1990 to 87,062 and by the year 1995 to 78,858 and by the year 2000 to 71,681. A significant portion of the 12,163 (13%) of the current veteran population is composed of elderly veterans 65 years of age or older. Projections indicate that their nubmers, as a subgroup, will increase to 22,406 by the year 2000 and will at that time comprise 31% of all the veterans in the Quad Cities area.

Therefore, it is seen that while the total veteran population will decrease 26% by the year 2000, the elder veteran population will increase by 82%. Nearly 6.9% of the general population in the Quad Cities area is currently unemployed and approximately 9% live below the poverty level.

Current data available at the Medical Center indicate 30% of those veterans from the Quad Cities area who were treated as outpatient have service connected health needs. Historically, service connected disability veterans have demonstrated to be on a lower income level, more likely to be unemployed, and in need of more health services.

It is felt that despite the declining total number of veterans in the Quad Cities area, the factors present of age, unemployment, poverty, and service connected disabilities clearly point to a higher health care need for this area.

The average distance to the Iowa City VA Medical Center from the surrounding counties is approximately 83 miles. If a Satellite Outpatient Clinic were to be set up in the Quad Cities area, the average mile for a veteran to travel in the 15 county area would be reduced to about 50 miles. The 15 counties accounted for 26,582 outpatient visits to the Iowa City VA Medical Center in FY 85 which is up from 21,309 in FY 83.

The Veterans of Foreign Wars has long supported satellite clinics as a plan of the future and we would wholeheartedly recommend that the Iowa City VA Medical Center have an opportunity to place a satellite clinic in the Quad Cities area.

The statistics which I have given to you in this report were furnished by the Medical District #22 in Omaha, Nebraska.

This concludes my recommendation and wish to thank you for the opportunity of appearing before your committee.

STATEMENT OF EUGENE LANGSTON

CONGRESSMAN EVANS, Members of the Subcommittee,

I have been involved with the Disabled American Veterans Transportation Network since December of 1987. I applied as a driver in April 1987 but had only recently become active in the program.

Through the month of December 1987 to the present I have driven 17 veterans from the Quad Cities to Iowa City. I have driven a total of 2290 miles and accumulated 86 hours of volunteer time. Nine of the seventeen vets, over half the four months' total, I drove in March, and I believe I will continue to drive with as great frequency in the future.

I receive no reimbursement for this. It's a privilege to perform this service for vets in this area.

I believe placement of an Outpatient Clinic in this area would greatly relieve the confusion and overloading of services in the clinics at Iowa City, and reduce stressors to elderly and disabled veterans in this area.

I hope to continue with the DAV Transportation Network to supply rides to veterans from the Quad Cities.

Thank you for your consideration.

Eugene Langston
490 Ridge Road
East Moline, IL 61244

STATEMENT OF WILLIAM NYQUIST BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

HEARING ON SATELLITE OUTPATIENT CLINIC

MOLINE, ILLINOIS

APRIL 22, 1988

I am pleased to testify at this field hearing in regard to the proposed VA Satellite Outpatient Clinic for the Quad Cities.

Little did I ever dream I would someday need the help from a VA Medical Center. For many years I worked for a local major farm implement manufacturer, a couple of government military contractors and held miscellaneous sales positions. Most of these jobs included health insurance. Because of being unemployed several times and the local economy being what it has been the last several years here and being a single person, I was without any health insurance in 1982. I then sought the help of the VA Medical Center in Iowa City, IA, which is approximately 60 miles from my home.

I became diabetic in 1978 and have had rheumatoid arthritis since 1980. I am seen every couple of months in two seperate clinics for these illnesses at the VA. In 1984 my arthritis became bad enough to start weekly gold shots plus blood work and urinalysis. I drove myself to Iowa City for 38 straight weeks for these. In late 1985 I stopped these shots because they were not helping anymore. At this time it was suggested that I apply for Social Security Disability. I have been on disability since January, 1986. I have tried nearly all arthritic drugs except a few and now must decide in the next couple weeks to start a new drug which requires close follow up with weekly blood work and urinalysis again.

With my low income and an old, high mileage car I am forced with another difficult decision about my health care. Nearly everything I have gone to Iowa City for could have been taken care of in the Quad Cities in a Satellite Clinic. Surely there are many other Veterans in the same position as I.

I am very grateful for the excellent care the VA has given me and I hope this testimony will help bring about a clinic for the Quad Cities. There are many Veterans more deserving than myself, let's do all we can to help them.

Sincerely,

WILLIAM J. "BILL" NYQUIST
3830 38TH AVENUE
ROCK ISLAND, IL 61201

STATEMENT OF

JAMES M. GREGG

DEPUTY ASSISTANT CHIEF MEDICAL DIRECTOR FOR STRATEGIC PLANNING

DEPARTMENT OF MEDICINE AND SURGERY

VETERANS ADMINISTRATION

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON VETERANS AFFAIRS

HOUSE OF REPRESENTATIVES

APRIL 22, 1988

Mr. Chairman and Members of the Subcommittee:

It is a pleasure to appear before the Subcommittee to discuss the recently approved Quad Cities VA Satellite Outpatient Clinic.

Satellite outpatient clinics provide a variety of outpatient services in areas where it is difficult for veterans to access the services of a VA medical center. The VA believes that the establishment of this Satellite Outpatient Clinic will significantly improve access to the VA health care system for veterans in the Quad Cities area who were previously unable to fully utilize such care because of the distance from a VA medical center.

It is still to be determined precisely where the new clinic will be located. However, it is known that the parent medical center will be the VA Medical Center in Iowa City. The clinic will be in operation at least five days a week and will be staffed with full-time, permanent VA personnel.

A broad range of outpatient health care services will be provided

at this clinic. These could include services such as:

General Medicine

Mental Health Services

Pharmacy Dispensing/Exchange

Diagnostic Tests such as Electrocardiography and
Basic Radiology

Screening for Hospital Admission

I would like to briefly describe the process that the proposal for this clinic went through in order to be approved and then be included for funding in the President's 1989 budget.

The need for new outpatient services is identified through the Department of Medicine and Surgery's Medical District Initiated Program Planning (MEDIPP) process. It is the philosophy of the Department that health care needs are best determined through grassroots planning at the Medical District level.
The VA considers locating services and facilities in a particular area only after a determination has been made that such services are justified. Any expansion of services, such as establishment of this outpatient clinic in the Quad Cities area, is based on need, geography, location of existing facilities, the availability of community health resources, and the number of veterans who would potentially benefit from the service. When the Medical District studied the need for a clinic in this area it projected that nearly 30,000 visits would be made each year to a clinic in the Quad Cities area.

The Medical District applied pre-determined criteria and standards to the Quad Cities area to assess the potential need for outpatient services. Two criteria and standards were used at the time the Quad Cities proposal was first considered. These were:
1) The clinic must generate at least 15,000 visits per year, and
2) A nearby hospital must be available to provide support services.

The proposal met the established criteria and was approved for inclusion in the District MEDIPP Plan. This plan was then sent to VA Central Office in Washington for additional review.

The MEDIPP Review Board requested additional justification for the proposal. The proposal was resubmitted and subsequently approved by the VA Administrator at Level 3 in September 1987. This meant that it could be considered and included for funding in the President's FY 1989 budget which was submitted to the Congress in February 1988. FY 1989 funds will be used to cover costs associated with obtaining space and equipment suitable for use as a fully operational medical clinic.

We are proceeding with our planning for the clinic. The Quad Cities project is now in the VA's Office of Facilities for further development. This will include identification of space requirements for the clinic and completing an economic cost analysis (ECA), which will be completed in July 1988. The results of the ECA are considered in determining whether the clinic facility will be built, purchased or leased. Other factors, such as timeliness of space acquisition, the possible need for future expansion, and the potential for future sharing agreements, are also weighed in the final decision.

If the Administrator concludes that a lease is the most desirable method of acquisition, a delineated geographic area is established and an advertisement placed in local newspapers requesting "expressions of interest" from those in the delineated area interested in providing space for an outpatient clinic. The advertisement outlines basic requirements for the clinic. The clinic acquisition process at this point becomes one closely circumscribed by the Federal Acquisition Regulations.

A VA Central Office team reviews the potential sites identified

from this advertisement and determines those which meet or can be modified to meet the clinic's needs. After this "market survey", sites which meet the VA's prerequisites are provided "Solicitations for Offers". These solicitations include very detailed specifications about the physical plant requirements of the clinic.

Proposals are then submitted to and reviewed by the Office of Facilities. Negotiating sessions are held with all potential offerors after which the offerors are requested to submit best and final offers. A final evaluation is then made, and a site recommendation made to the Chief Medical Director for concurrence. Upon approval of the Administrator, a lease contract is awarded. The renovation or construction is initiated to bring the building into compliance with the specified requirements. Upon completion the clinic is staffed and activated.

Allowing for maximum time in each step of the process, and provided the needed funding is appropriated, the clinic would be activated in the Fall of 1990.

Mr. Chairman, this concludes my remarks. Members of our panel and I would be pleased to answer any questions you or members of the Subcommittee may have.

DISABLED AMERICAN VETERANS
DEPARTMENT OF IOWA
EMPLOYMENT CHAIRMAN
4426 EL RANCHO DRIVE
DAVENPORT, IOWA 52806
22 APRIL 1988

Honorable Lane Evans
US House of Representatives
House Committee on Veterans' Affairs
Washington, D. C.

Dear Congressman Evans:

I would like to submit the following information for the record of your Congressional field hearing of the Subcommittee on Oversight and Investigations of the House Committee on Veterans' Affairs.

Veterans who are employed by local business firms and even by the Federal Government must take time off from work to travel to the Veterans Administration Hospital at Iowa City, Iowa and spend many hours waiting for medical service. The opening of a clinic in the Quad-Cities area would reduce the cost to the veteran who needs out-patient care for his service connected disabilities and related problems. It would reduce sick leave use by government employees and allow them to save this sick leave for times of serious illness. It would reduce the time that veterans must take time off from their employment when they don't receive time off and lose wages because they must seek medical treatment for their service connected disabilities.

I would like to propose that Congress consider the co-locating of the proposed Quad-Cities Veterans Administration clinic with the US Army clinic which is currently located at Rock Island Arsenal. Co-location would facilitate the use of an existing medical facility and permit sharing of equipment. This would allow expidited establishment of services to veterans. Plans should be implemented to build a new facility for this shared use while the existing facilities are utilized. The US Army Clinic has been for 15 years seeking to build a better facility to serve the military attached to the Rock Island Arsenal and the retired military community that they also serve. A facility which would house both the VA and the Army might allow this project to become funded within the next couple of years. The construction of a building near the Marine/Navy Reserve center which would house both the Army clinic and the VA clinic would allow the sharing of medical equipment facilities, and other medical support. This would reduce the overall cost to the government for the providing of medical care and service to active and retired servicemen, their dependents and others entitled to military medical care. It would also provide expanded facilities which would be utilized by the Veterans Administration medical care providers.

In addition to providing a savings to the veterans of lost time from his job, there would be a saving to the Government. This savings would result from a decrease in use of the "fee basis" card and from reduced

CHAMPUS/CHAMPVA cost. Veterans, retirees, and active duty military would use the care provided by the clinic and not go to expensive civilian doctors and the out-patient facilities or local hospitals to receive care. This care and medication that they dispense cost more than what is provided by the Veterans Administration or the military clinics.

As managers of the public funds we owe the public economy in our approaches to these medical problems. The current process is not economical to either the veteran, military serviceman or the retiree. Higher costs are passed on to the taxpayer by higher expense incured under CHAMPUS/CHAMPVA and "fee basis" card use. It is and will be in the best interest of the government to establish the combined facilities and the cost of such a facility to be shared. It would not be difficult to prorate charges between the two agencies. It might be more difficult in the first year, but after that time there would be a historial bases for determining charges.

If there is any additional information which you would like to obtain from me or if I could be of any service to your committee, please feel free to contact me.

Sincerely,

GEORGE T. NICKOLAS
STATE EMPLOYMENT CHAIRMAN
DEPARTMENT OF IOWA

STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS
P.O. Box 19432 208 West Cook Street Springfield, Illinois 62794-9432 217/782-6641

JOHN W. JOHNSTON
DIRECTOR

JAMES D. ROSAS
ASSISTANT DIRECTOR

APR 18 1988

April 14, 1988

Honorable Lane Evans
Member of Congress
3919 16th Street
Moline, Illinois 61265

Dear Representative Evans:

As is the case in all parts of the United States, Illinois veterans are aging; the average age among 1.2 million Illinois veterans is 53 years, and 607,600 of these veterans are 55 years of age or older.

Continuing with the subject of an aging Illinois veteran population and a current and future need for a continum of health care services, in 1983 the U.S. Veterans' Administration commissioned Louis Harris and Associates to survey the current health status of veterans aged 55 and over as their current health would relate to a future demand for health care programs and social support services. In very general terms the Louis Harris and Associates Survey results were: nearly half of the veterans aged 55 and over (48%) stated they experience health limitations of some sort as a result of disability or poor health; 25% stated they experience health limitations and were kept from working because of it; 17% stated they were limited in the kind or amount of work they could do but were not kept from working; 5% stated they were not limited by disability or prior health nor kept from work and were not limited in the kind of work they could do.

A key to good health is a regimen of regular check ups, and seeking medical diagnoses of particular health problems as they arise. In the Illinois county of Rock Island there are almost 19,000 veterans, and within fifty miles of Rock Island an approximately 30,000 more Illinois veterans are in residence. We have no data as regards Iowa veterans, but the Davenport, Bettendorf, Clinton, and Muscatine, Iowa communities and surrounding environs must have substantial veteran populations whom we suggest share the same needs for good health care as Illinois veterans.

An Outpatient Client in Rock Island, Illinois operated by the United States Veterans' Administration is a needed service and I support such a locating. I personally believe that outpatient care of veterans is a cost effective service, and serves to reduce costs by early identification of needed care or medical treatment of health problems that when left unattended have a greatly increased cost to both government and the individual. Again my strong endorsement of a Rock Island, Illinois U.S. Veterans' Administration Outpatient Clinic is offered.

Sincerely,

John W. Johnston
Director

JWJ:jal
0616A

cc: Annie R. Tuttle
Veterans Administration
Medical Center
Iowa City, Iowa 52240

ROCK ISLAND COUNTY
VETERANS ASSISTANCE COMMISSION

HAROLD A. MARKUSON
Superintendent

15 April 1988 1504 3rd Avenue, Rock Island, IL 61201 (309) 786-4451

APR 18 1988

To: The Honorable Lane Evans
U.S. House of Representatives
Washington D.C. 20515

Dear Mr. Evans:

As Superintendent of the Veterans Assistance Commission of Rock Island County; I would like to offer the following information in testimony for the proposed establishment of a Veterans Administration Satellite Outpatient Clinic in the Quad Cities

The purpose of the VAC is to assist indigent veterans with their basic needs including medical services. Several times a week we get calls to find someone transportation to the Veterans Hospital in Iowa City, Iowa. Sometimes we can pay for a bus ticket to Iowa City, other times we refer the person to other organizations or tell them to call the transportation co-ordinator at the VA Hospital. If we provide bus fare they still have a problem in getting from the Bus Depot in Iowa City to the Hospital. Since we don't give cash, only vouchers, it is almost impossible to arrange the transportation between the hospital and the bus station from this end. Another problem is that some of the Veterans going to Iowa City have extreme difficulty because of medical problems with riding or taking the bus, i.e. wheelchair patients, broken legs, stability etc.. A lot of these veterans are forced to use local hospitals and doctors they can not afford or pay for if they have to use their services.

My office receives 20 to 30 calls a month in regard to transportation and Hospital services available. We also receive several calls from the local hospitals asking for help in assisting indigent veterans with their hospital needs and to get the patient to the VA hospital for care.

This office has also stocked and loaned out hospital equipment to approximately 100 veterans within the last 8 to 10 months. We work with the VA Hospital in loaning this equipment out and in returning equipment they have loaned out.

cont.:

AMERICAN LEGION
Rock Island Post No. 200
East Moline Post No. 227
Moline Post No. 248
Milan Post No. 569
Coe-Lamb Post No. 421
Col. Chas. A. Young Post No. 591
Cordova Post No. 1033
Hillsdale Post No. 1144
Community Post No. 1166
Coal Valley Post No. 1248
Andalusia Post No. 2000

VETERANS OF FOREIGN WARS
Willard L. Velie Jr. Post No. 2153
Gustaf C. Lannoo Post No. 1303
Roy S. Wise Post No. 2056
Drier-Whitney Post No. 1933
Ybarra-Gomez Post No. 8890
Milan Post No. 4177

GRAND ARMY OF THE REPUBLIC
R.H. Graham Post No. 312
John Bufford Post 243
UNITED SPANISH WAR VETERANS
Sibony Bay Camp No. 8
Col. Kittilsen Camp No. 27

AMERICAN VETERANS OF WORLD WAR
Post No. 145 Silvis-E. Moline
VETERANS OF WORLD WAR I
R.I. County Barracks No. 410
MARINE CORPS LEAGUE
Illowa Detachment
Lincoln Detachment

"To care for him who shall have borne the battle and for his widow and his orphan." - Abraham Lincoln

There are approximately 19,400 veterans in Rock Island County and an additional 14,120 veterans in the surrounding counties of Henry, Mercer and Whiteside. A total of 33,520 not to mention the Veterans in and around Scott County Iowa. Many of the Veterans in these counties go without or encounter extreme difficulty in getting to or receiving help from the Veterans Hospital in Iowa City because of transportation and communications problems.

My office is co-located with the Illinois Department of Veterans Affairs office in the Rock Island County office building. Together we aid and service from 650 to 800 veterans and their families a month. From our case load experiences alone a definite need for an Outpatient Clinic in this Area is indicated.

The Veterans Assistance Commission of Rock Island County consists of and represents Twenty Four Veterans Organizations in Rock Island County including American Legion,VFW, Amvets, Marine Corps League, and the Veterans of World War 1 posts of Rock Island County. This Commission and its delagate representatives want to be on record as being in favor of establishing this Outpatient Clinic.

Harold A. Markuson

Harold A. Markuson

Superintendent

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